A Feasibility Assessment to Adapt an Online Sexual Health Intervention for Youth

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The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

I am a cofounder and officer of a nonprofit called MyHealthEd, Inc. that focuses on improving youth health education through technology. The content of this presentation is not associated with the nonprofit.

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Background

- Persistent racial / geographic disparities exist in teen pregnancy rates\(^1\), \(^2\)
- Receipt of sex education has declined nationwide\(^3\)
- Online education tools can help fill these gaps\(^4\)-\(^8\)
High-quality, engaging, and comprehensive **online sexual health education** program for **teens** in low-resource communities that aims to **reduce disparities** in health and educational outcomes.

**THEORY BASED**

**SEVEN LESSONS, 30 MIN LONG**

**ALIGNED WITH SEXUAL HEALTH EDUCATION STANDARDS**

**DELIVERED COMPLETELY ONLINE**
Pilot Test: Eastern NC

- Pilot study in May 2016
- 119 ninth grade students
- Two public schools in rural counties
- Predominantly African-American population
Pilot Test: Results

• 65% said they learned “a lot” from the program
• 82% said they’d recommend the program to a friend
• 92% said they planned to use what they’d learned in the course in the future
Feasibility Assessment
Research Questions

1. What barriers exist that prevent sex education from being effectively delivered in school settings?

2. What strategies can be used to overcome these barriers?
Methods

• El Paso, TX – Summer 2016

• In-depth interviews with adults in local health organizations (n=4)

• Focus groups with teens 13-15 years old (n=14)
Results

1. State sex education policies pose major limitations

2. Parents vs. teachers: Who is responsible?

3. SHACs: A missed opportunity

4. Effective practices bring people together
1. State health education policies pose major limitations

“I think the legislature people in charge of making those decisions need to be aware that just because they're not teaching it through the school system doesn't mean that you're solving the problem.”
1. State health education policies pose major limitations

“We have to be abstinence based. We have to talk about that. So then right off the bat, that's already tying one hand behind our back somewhat.”
2. Parents vs. teachers: Who is responsible?

“People are uncomfortable with the subject. They don't want to talk about it with their kids. And teachers don't want to talk about it with their kids, either, even in an educational setting.”
Results

2. Parents vs. teachers: Who is responsible?

“We remind parents that they are the people that are responsible for teaching values. Not the school, not the church. Those are just compliments that reinforce or support whatever values you are teaching.”
3. SHACs: A missed opportunity

“While I would like to say [there are] seven to ten parents that are on our SHAC, it fluctuates. I don't ever have all ten participating. I felt very pleased when we had about seven of them show up...But that's only seven to ten parents that we're reaching out to.”
3. SHACs: A missed opportunity

“That's the decision that these parents collectively made. I kind of like being able to have that. 'Cause then it's not about me... This is the decision that these parents made in the best interests of their kids and the kids in this particular district.”
4. Effective practices bring people together

“There's so many things that we need their [parents] help with...They're [students] only our business for a certain amount of time, but they’re going to be your business for life.”
Implications

• Sex education can be delivered more effectively when students, parents, educators, and health professionals work collaboratively rather than in isolation

• It’s critical to include parents and teens in these conversations

• Leveraging SHACs can yield big results
Next Steps

• Limitations:
  • Exploratory study, not generalizable
  • Did not interview parents
  • Study conducted by a single person

• Future research should more purposefully examine SHACs and parent perspectives on sex education in public schools
Thank You
Questions?

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References


2. The National Campaign to Prevent Teen and Unplanned Pregnancy. Texas data


